

Employee Relations Department
Miami-Dade County Employee Suggestion Program / Recognition Award Evaluation Form

Congratulations

You have just been selected to evaluate this ESP Suggestion. Are you the right person to make a decision over the subject matter of the idea? Does it relate to something concerning your area of expertise? If not, please call your ESP Departmental Coordinator immediately. If so, read on...

Glad to have your assistance with reviewing this ESP submittal. This Form has been developed to help (not hinder) the evaluation process. If you prefer to respond in a different format be sure to respond to all issues as needed. Start by insuring the suggestion is eligible. If you answer yes to any of these questions, further evaluation is not needed. Provide any details that would be helpful in preparing a response to the suggester in the lines on the back and return the suggestion with this form to your ESP Departmental Coordinator. If you deem the suggestion eligible continue as indicated: (To learn more about ESP refer to A.O. 7-8.)

ELIGIBILITY

	YES	NO
Was this idea under departmental consideration prior to the date of Suggestion? If yes, attach documentation identifying dates and individuals involved.		
Is the employee expected or required to make suggestions of the type under consideration as a part of his/her normal job responsibilities?		
Can the employee implement the Suggestion without consulting higher authority?		
Was this problem specifically assigned to the Suggester for the development of a solution?		
Did this Suggestion, although not used itself, lead to another solution to the problem?		
Will the implementation of this Suggestion infringe upon or violate existing County rules, regulations or policies?		
Does the Suggestion meet the ESP Rules for Eligibility? If not, check reason for ineligibility and explain below:		

Suggestion Eligibility			
*Duplicate Suggestion	*Stricter Enforcement of Existing Rules	*Idea Already in Place	*Routine Maintenance or Housekeeping
*Grievance	*Legislative Court Action	*Employee Benefits/Salaries	*Collective Bargaining

Now, do you know if the suggesting employee is eligible? If they are not in your department or under your supervision but you have authority to implement this idea, they are probably eligible. Everyone below the level of Division Director is eligible to participate and suggest in ESP. It is only when a suggester can put an idea into effect on their own that their eligibility is questioned. Refer to A.O. 7-8 if for more information. Contact your ESP Departmental Coordinator if you believe the suggester not eligible. The ESP Job Responsibility Form may be helpful in coming to a decision in this area.

You have determined the suggestion eligible for evaluation. Will it be trial tested? If so, briefly explain your timeframe and plan for trial testing the suggestion. Your positive response will allow the suggester to receive a Recognition Award at this time. This is a Certificate signed by the County Manager and presented at the suggester's department. Eight (8) hours of Administrative Leave is also awarded.

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When responding to suggestions remember: greet every suggestion with an open mind. Employee involvement and participation by County employees provides the creativity and innovation needed to motivate our diverse complex organization. You hold the key to this process when you evaluate an employee idea.

If you have any questions about the Employee Suggestion Program or how to complete the evaluation form, please contact either the Employee Recognition and Suggestion Manager at The Employee Relations Department at 305.375.1364 or your ESP Departmental Coordinator.

Additional Details as Information for Suggester (as needed):

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

RECOMMENDATION

- Special Award Evaluation Anticipated: _____

Please print or type details in addition to signatures. Suggestion# _____

Title: _____

Department Evaluating: _____

Evaluator: _____

Signature: _____

Contact number and e-mail: _____

I have reviewed this evaluation and the suggestion submitted. I agree with the positive/ negative (circle one) recommendation above.

Date: _____

Department Director / Signature

ESP Departmental Coordinator/ Signature

Returned: _____